



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

**GARY L. BOWLIN ET AL.**

Serial No.: 10/668,085

Filed: September 22, 2003

For: **ELECTROPROCESSING IN DRUG  
DELIVERY AND CELL ENCAPSULATION**

Art Unit: Not yet assigned

Examiner: Not yet assigned

**SECOND PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

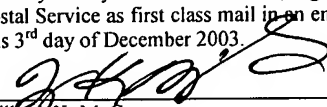
Prior to examination of the above-referenced application, please make the following amendments to the specification.

Amendments to the Specification begin on page 2 of this paper.

Remarks begin on page 3 of this paper.

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William K. McGreevey



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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/668,085
	Filing Date	September 22, 2003
	First Named Inventor	Bowlin et al.
	Art Unit	Not yet assigned
	Examiner Name	Not yet assigned
Total Number of Pages in This Submission	Attorney Docket Number	49122-0162 (292673)

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>-Return Receipt Postcard</b>
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	William K. McGreevey, Reg. No. 52,012 Kilpatrick Stockton LLP
Signature	
Date	December 3, 2003

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Typed or printed name	William K. McGreevey		
Signature		Date	December 3, 2003

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